

# Workforce Investment Act 15-Percent Special Projects Youth Program On-Site Monitoring Guide

Prepared By  
Compliance Review Division  
October 2002

# Workforce Investment Act 15-Percent Special Projects Youth Program On-Site Monitoring Guide

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## **YOUTH PROGRAM ON-SITE MONITORING GUIDE**

### **Background and Instructions**

The purpose of our Youth Program On-Site Monitoring Review Guide is to provide the monitor with information to conduct an on-site review of the Subgrantee's program administration and operations of the 15-Percent Special Projects. As stated in the confirmation letter, the monitor will review for compliance with applicable federal and state laws, regulations, and policies related to the Workforce Investment Act (WIA). The Youth Program On-Site Monitoring Guide should facilitate a more efficient review.

The Youth Program On-Site Monitoring Guide consists of 3 sections. We request that the Subgrantee complete Section I and II in the guide. The monitor will complete Section III.

Subgrantee staff responsible for completing the Youth Program On-Site Monitoring Guide may contact the monitor or his/her supervisor to clarify questions. In addition, please ensure that the individual(s) who complete the guide provide the following information at the end of each section of the guide: his/her name, telephone number, position/title, and date completed.

The Subgrantee should provide the completed sections in the Youth Program On-Site Monitoring Guide to the monitor prior to or at the entrance conference.

Subgrantee: \_\_\_\_\_

Executive Director/Administrator: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

CRD Monitor: \_\_\_\_\_ Phone \_\_\_\_\_

CRD Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

## I. PROGRAM ADMINISTRATION

### A. GENERAL POLICIES AND PROCEDURES

1. The following activities are unallowable under WIA:

- political activities; [WIA 195(6)]
- paying for the cost of services or training that is otherwise available from other sources; [WIA 195(2); 20 CFR 663.320]
- charging participants a fee for placement or referral of an individual into a WIA activity; [WIA 195(5)]
- displacement of employees by any WIA participants; [WIA 181(b)(2) and (3); 20 CFR 667.270]
- the promotion or deterrence of union organizing. [WIA 181(b)(7)]

How does the Subgrantee ensure that no WIA funds are utilized for the above activities?

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2. How does the Subgrantee ensure that all worksites and training facilities for WIA participants meet health and safety standards established under state and federal law? [WIA 181(b)(4) & 20 CFR 667.274]

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## Youth Program On-Site Monitoring Guide

3. Describe the Subgrantee's procedures to ensure that an individual placed in a WIA employment activity does not oversee or report to an immediate family member in a supervisory capacity for the employing entity.

[20 CFR 667.200(g)]

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### B. GRIEVANCE PROCEDURES

***Provide a copy of the Subgrantee's WIA grievance policies and procedures.***

1. Describe how the Subgrantee ensures compliance with nondiscrimination requirements.

[WIA 188; 29 CFR Part 37; 20 CFR 667.200(f) and 667.600; & WIA Directive WIAD01-21]

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2. How does the Subgrantee inform its WIA participants and regular employees of its grievance procedures? [20 CFR 667.200(f) & WIA Directive WIAD01-21]

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### C. MANAGEMENT INFORMATION SYSTEM (MIS) AND REPORTING

Please provide a copy of, or describe, the Subgrantee's procedures to ensure the timely and accurate completion and submission of the required WIA program performance and fund expenditure reports to the Employment Development Department?

[WIA 185; 20 CFR 667.300; and WIA Directive WIAD02-1 & WIA Information Bulletin WIAB02-5]

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**D. OVERSIGHT/MONITORING**

1. Does the Subgrantee have any Subrecipients?

☐ **Yes**    ☐ **No** If **No**, please skip to Section II.

2. Please provide a copy of, or describe, the Subgrantee's subrecipient oversight and monitoring policies, procedures, and tools.

[WIA 183 and 184(a)(4); 20 CFR 667.400(c)(1) and 667.410(a); & WIA Directive WIAD00-7]

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**E. AUDIT RESOLUTION**

Describe the Subgrantee's system to respond to audit findings.

Please provide a copy of, or describe, the Subgrantee's audit resolution policies and procedures. [20 CFR 667.200(b); 667.500 and WIA Directives WIAD01-3 & WIAD01-5]

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<hr/> <b>Subgrantee Staff Completing Section I</b>	<hr/> <b>Telephone</b>	<hr/> <b>Position/Title</b>	<hr/> <b>Date</b>
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## II. PROGRAM OPERATIONS

### A. ELIGIBILITY

1. Describe the Subgrantee's system for determining and verifying general program eligibility for the WIA youth program. Documentation must include proof of citizenship/right-to-work and selective service. [WIA 188 (a)(5) and 189(h); WIA Eligibility TAG Section I, page 7 and WIA Directive WIAD01-4]

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2. Describe the Subgrantee's system for determining and verifying who is eligible for youth services. [WIA 101(13), & (25); 20 CFR 664.200 through 664.310; WIA Eligibility TAG Section VII and VIII, (Rev. 01/02), and WIA Directive WIAD01-18]

**14-21 years old** \_\_\_\_\_

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**LOW-INCOME INDIVIDUAL** \_\_\_\_\_

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**FIVE PERCENT WINDOW** \_\_\_\_\_

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## Youth Program On-Site Monitoring Guide

3. Please provide a copy of, or describe, the Subgrantee's system for determining and verifying eligibility for the youth participant barriers. In the box below list the documentation the Subgrantee accepts as verification for youth participant barriers. [WIA Eligibility TAG page 39-43 (Rev. 01/02)]

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Basic Skills Deficient [WIA 101(4)]	
School Dropout [WIA 101(39)]	
Homeless or Runaway or Foster Child [WIA 101 (13)(C)(iii)]	
Pregnant or Parenting [WIA 101(13)(C)(iv)]	
Offender [WIA 101(27)]	
An individual who requires additional assistance to complete an education program, or to secure and hold employment. [WIA 101(13)(C)(vi)]	
Are one or more grade levels below the grade level appropriate to the individual's age <b>(Refers only to 5%)</b> . [20 CFR 664.220 (c)]	
Possess one or more disabilities, including learning disabilities <b>(Refers only to 5%)</b> . [20 CFR 664.220 (e)]	
Faces serious barriers to employment as approved by the State or local board for purposes of the project disabilities <b>(Refers only to 5%)</b> . [20 CFR 664.220 (h)]	



## **B. ASSESSMENT**

**Obtain and review copies of the Subgrantee's assessment forms and the instructions used for completion.**

1. How does the Subgrantee assess the WIA youth participant for academic and occupational skills, prior work experience, employability, interests, aptitudes or service needs? [WIA 129 (c)(1)(A) and 20 CFR 664.405 (a) (1)]

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2. How does the Subgrantee ensure that WIA youth participants are receiving appropriate WIA activities and services based on their needs and the information contained in their assessments?

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3. Does the Subgrantee use a standardized individual service strategy form for its youth participants? [WIA 129 (c)(1)(B) and 20 CFR 664.405 (a)(2)]

☐ **Yes**   ☐ **No**   If Yes, please provide a copy or describe what the Subgrantee uses.

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If no, what documentation does the Subgrantee use to record a service strategy that identifies an age-appropriate employment goal, appropriate achievement objectives, and appropriate services.

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## C. SERVICES

1. Are any WIA-funded services contracted to another entity?

☐ **Yes** ☐ **No** If **Yes**, please identify the entity(ies) and the service(s) provided.

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2. Please check the program elements provided by the Subgrantee.

[WIA 129 (c)(2) and 20 CFR 664.410 through 664.470]

- ☐ Tutoring, study skills training and instruction leading to secondary school completion, including dropout prevention strategies.
- ☐ Alternative secondary school offerings
- ☐ Summer employment opportunities directly linked to academic and occupational skill training.
- ☐ Paid and unpaid work experiences, including internships and job shadowing.
- ☐ Occupational skills training
- ☐ Leadership development opportunities
- ☐ Supportive services – **(Complete Section E for this element.)**
- ☐ Follow-up services. **(Complete Question 6 for this element.)**
- ☐ Comprehensive guidance and counseling, including drug and alcohol abuse counseling, as well as referrals to counseling, as appropriate to the needs of the individual youth.

3. What specific documentation is maintained in the participant case files for verifying the services provided to the participant?

**Please provide an example of forms, checklists, or documents used.**

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## Youth Program On-Site Monitoring Guide

4. How does the Subgrantee measure skill attainment goals for younger youth (14-18) and performance goals for older youth (18-21)? [WIA 136 (b)(2)(A) & 20 CFR 664.830]

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5. Describe how the program elements provided by the Subgrantee will provide preparation for post-secondary educational opportunities, linkages between academic and occupational learning, preparation for employment, and effective connections to intermediary organizations that provide strong links to the job market and employers. [20 CFR 664.405 (a)(3)]

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6. How does the Subgrantee provide at a minimum six months of follow-up services as required by the State? [20 CFR 664.450]

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### D. SUPPORTIVE SERVICES

[WIA 101(46) and 20 CFR 664.440]

***If available, provide a copy of the Subgrantee's supportive services policies and procedures.***

1. Please check the supportive services paid for by the Subgrantee.

- ☐ None
- ☐ Transportation
- ☐ Child care
- ☐ Housing
- ☐ Clothing
- ☐ Tools
- ☐ Medical Services
- ☐ Linkages to Community Services

## Youth Program On-Site Monitoring Guide

2. If supportive services are provided, how is the need for these services determined and documented?

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<u>Subgrantee Staff</u>	<u>Telephone</u>	<u>Position/Title</u>	<u>Date</u>
Completing Section II			

YOUTH CASE FILE REVIEW WORKSHEET

Subgrantee: \_\_\_\_\_ Monitor: \_\_\_\_\_ Date: \_\_\_\_\_

<b>I PARTICIPANT DATA &amp; GENERAL ELIGIBILITY</b> [WIA 188(a)(5) and 189(h), WIA Eligibility TAG Section I and Attachment 2, WIA Directive WIAD01-4]				
Participant Name: _____			Social Security Number: - -	
Application date: _____			Registration/Enrollment date: _____	
<input type="checkbox"/> RTW	<input type="checkbox"/> Selective Service	Age: _____	Documentation reviewed: _____	
<b>II PROGRAM ELIGIBILITY FOR YOUTH SERVICES [WIA Eligibility TAG and 20 CFR 664.200-310]</b>				
<b>YOUTH (Low Income)</b>		<b>BARRIERS</b>		<b>5% WINDOW (Low Income Not Required)</b>
<input type="checkbox"/> Public Assistance Program <input type="checkbox"/> Family Income <input type="checkbox"/> Family Size: _____ <input type="checkbox"/> Food Stamps <input type="checkbox"/> Homeless <input type="checkbox"/> Disability <input type="checkbox"/> Pregnant or Parenting		<input type="checkbox"/> Basic Skills Deficient <input type="checkbox"/> School Dropout <input type="checkbox"/> Offender <input type="checkbox"/> Pregnant or Parenting <input type="checkbox"/> Homeless or Runaway or Foster Child <input type="checkbox"/> Requires Additional Assistance to Complete an Educational Program or to Secure Employment		<input type="checkbox"/> Grade Level Below <input type="checkbox"/> Disability <input type="checkbox"/> Homeless or Runaway <input type="checkbox"/> Serious Barriers <input type="checkbox"/> Basic Skills Deficient <input type="checkbox"/> School Dropout <input type="checkbox"/> Offender <input type="checkbox"/> Pregnant or Parenting
Documents reviewed: _____		Documents reviewed: _____		Documents reviewed: _____
<b>III INDIVIDUAL SERVICE STRATEGY (ISS) [20 CFR 664.405]</b>				
ISS completion date: _____ <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Economic Needs  <input type="checkbox"/> Academic Performance &amp; Skill Deficiencies  <input type="checkbox"/> Employment/Career Goals  <input type="checkbox"/> Supportive Services  <input type="checkbox"/> Other (Specify) _____         </div> <div> <input type="checkbox"/> Work History  <input type="checkbox"/> Achievement Objectives  <input type="checkbox"/> Education Goals  <input type="checkbox"/> Vocational Interests &amp; Aptitudes         </div> </div>				
<b>IV PROGRAM ELEMENTS [WIA 129(c)(2) &amp; 20 CFR 664.410 – 664.470]</b>				
<input type="checkbox"/> Tutoring/Study Skills _____ <input type="checkbox"/> Alternative Education _____ <input type="checkbox"/> Occupational Skills Training (Specify) _____ <input type="checkbox"/> Counseling/Career Planning _____ <input type="checkbox"/> Leadership Development Opportunities _____ <input type="checkbox"/> Work Experience _____ <input type="checkbox"/> Adult Mentoring _____ <input type="checkbox"/> Summer Employment _____ Services concur with the ISS? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____ Documents reviewed: _____				

## Youth Program Onsite Monitoring Guide

<b>V</b>	<b>FOLLOW-UP ACTIVITIES [20 CFR 664.450]</b>
	<div> <input type="checkbox"/> Leadership Development <input type="checkbox"/> Summer Employment </div> <div> <input type="checkbox"/> Peer Support Groups Development <input type="checkbox"/> Skills Upgrading/Retraining </div> <div> <input type="checkbox"/> Career Development <input type="checkbox"/> Adult Mentoring </div> <div> <input type="checkbox"/> Further Education and Literacy <input type="checkbox"/> Other (Specify) : _____ </div> <p>Services concur with the ISS? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____</p> <p>Documents reviewed: _____</p> <p>Training Completion Date: _____</p> <p style="text-align: center;"><b>PLACEMENT INFORMATION</b></p> <div> <input type="checkbox"/> 30-day <input type="checkbox"/> 60-day <input type="checkbox"/> 90-day <input type="checkbox"/> 180-day follow-up after placement </div> <p>Date entered unsubsidized employment: _____ Exit Date: _____</p> <p>Employer Name: _____ Job Title: _____</p> <p>Hours per week: _____ Wages Per Hour: _____</p>
<b>VI</b>	<b>SUPPORTIVE SERVICES [20 CFR 664.440]</b>
	<div> <input type="checkbox"/> Essential tools needed after placement <input type="checkbox"/> Linkages to Community Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Clothing <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Housing <input type="checkbox"/> Fees for Identification Documents <input type="checkbox"/> Other (Specify) _____ </div> <p>Services are necessary, reasonable, and allowable? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____</p>
<b>VII</b>	<b>SKILLS ATTAINMENT GOALS FOR YOUNGER YOUTH (14-18) [WIA 136 (b)(A)(ii) and 20 CFR 664.830]</b>
	<div> <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Basic Skills <input type="checkbox"/> Occupational Skills <input type="checkbox"/> Work Readiness </div> <p>Description of skills achieved _____</p> <p>Goals concur with ISS? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____</p>
<b>VIII</b>	<b>PERFORMANCE GOALS FOR OLDER YOUTH (18-21) [WIA 136(b)(A)(i) and 20 CFR 664.830]</b>
	<div> <input type="checkbox"/> Credential Received Relating to Achievement of Educational or Occupational Skills <input type="checkbox"/> Entered Employment <input type="checkbox"/> Retention in Unsubsidized Employment for Six Months <input type="checkbox"/> Earnings Received in Unsubsidized Employment Six Months After Entry into Employment </div> <p>Goals concur with ISS? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____</p>

## WIA 15-PERCENT SPECIAL PROJECTS CASE FILE REVIEW ISSUES SUMMARY

Subgrantee: \_\_\_\_\_ CRD Monitor: \_\_\_\_\_ Date: \_\_\_\_\_

TYPES OF ISSUES: GENERAL/PROGRAM ELIGIBILITY  
SUPPORTIVE SERVICES

INDIVIDUAL SERVICE STRATEGY  
FOLLOW-UP ACTIVITIES

PROGRAM ELEMENTS  
SKILLS/GOALS

#	PARTICIPANT NAME & SSN	TYPE OF ISSUE	WHAT IS THE ISSUE?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

PARTICIPANT WORK ACTIVITY  
WIA 15-PERCENT SPECIAL PROJECTS  
MONITORING REPORTS REVIEW TABLE

Date Completed: \_\_\_\_\_

CRD Monitor: \_\_\_\_\_

Employer Reviewed	Date of Review	Date Report Issued	Reviewed Amounts Claimed* (Y/N)	Reviewed Training Provided* (Y/N)	Issues Identified (Y/N)	Corrective Action Requested (Y/N)	Due Date Requested	Corrective Action Performed (Y/N)	Follow-up conducted (Y/N)
Comments:									

\* Info. may be contained in either the Subgrantee's Monitoring Guide, Monitoring Reports, or other documentation



# **SUBRECIPIENT WIA 15-PERCENT SPECIAL PROJECTS MONITORING REPORT REVIEW TABLE**

Subrecipient Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_ CRD Monitor: \_\_\_\_\_

Entity Reviewed and Type of Review	Date of Review and Date Report Issued	List all the Issues Identified	CA Requested (Y/N)	Due Dates Requested (Specify)	CA Performed (Y/N)	Date Follow-up Conducted
Comments						